

**DECLARATION UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: A METHOD FOR NOTIFYING AT LEAST ONE APPLICATION OF CHANGES OF STATE IN NETWORK RESOURCES, A COMPUTER PROGRAM AND A CHANGE-OF-STATE NOTIFICATION SYSTEM FOR IMPLEMENTING THE METHOD.

described and claimed in international application number PCT/FR04/02798 filed October 29, 2004.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

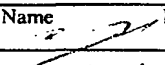
Under Title 35, U.S. Code §119, the priority benefits of the following U.S. and/or foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

French Patent Application FR0312869, filed November 3, 2003

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor:	Yvon			GOLRHANT	
		Given Name	Middle Initial	Family Name		
2	Inventor's Signature:					
3	Date of Signature:	2/26/04				
		Month	Day	Year		
	Residence:	Lannion		France		
		City	State or Province	Country		
	Citizenship:	French				
	Post Office Address:	42 avenue de Lorraine				
	(Insert complete mailing address, including country)	22300 Lannion, France				

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒
(Discard this page in a sole inventor application)

1 **Typewritten Full Name of Joint Inventor:** Djannal-Eddine MEDDOUR
 Given Name Middle Initial Family Name

2 **Inventor's Signature:** [Signature]

3 **Date of Signature:** 12/06/06
 Month Day Year

Residence: Lannion France
 City State or Province Country

Citizenship: French

Post Office Address: ~~2 place des Ursulines, Appt 408~~ 4, rue d'Anjou
 (Insert complete mailing address, including country) 22300 Lannion, France

1 **Typewritten Full Name of Joint Inventor:** Bertrand MATHIEU
 Given Name Middle Initial Family Name

2 **Inventor's Signature:** [Signature]

3 **Date of Signature:** 14/06/06
 Month Day Year

Residence: Lannion France
 City State or Province Country

Citizenship: French

Post Office Address: ~~6 rue Angela Deval~~ 31 Rue du Bourg
 (Insert complete mailing address, including country) 22300 Lannion, France 22560 PLEUMEUR-BOBIV.

1 **Typewritten Full Name of Joint Inventor:** _____
 Given Name Middle Initial Family Name

2 **Inventor's Signature:** _____

3 **Date of Signature:** _____
 Month Day Year

Residence: _____
 City State or Province Country

Citizenship: _____

Post Office Address: _____
 (Insert complete mailing address, including country)

1 **Typewritten Full Name of Joint Inventor:** _____
 Given Name Middle Initial Family Name

2 **Inventor's Signature:** _____

3 **Date of Signature:** _____
 Month Day Year

Residence: _____
 City State or Province Country

Citizenship: _____

Post Office Address: _____
 (Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.